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Follow-up to the Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report highlights national efforts aimed at developing or strengthening national capacity on ageing, and analyses the status of international cooperation with respect to assisting Member States in their efforts to develop their capacity to implement the Madrid International Plan of Action on Ageing. In its conclusion, the report provides a number of recommendations for consideration by the General Assembly.

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I. Introduction

1. The General Assembly, in its resolution 60/135 of 16 December 2005, entitled "Follow-up to the Second World Assembly on Ageing", stressed the need for additional capacity-building at the national level in order to promote and facilitate implementation of the Madrid International Plan of Action on Ageing, 2002.[1] In the same resolution, the Assembly called upon Governments to consult and utilize the Research Agenda on Ageing for the Twenty-first Century, adopted by the Valencia Forum in April 2002, as a tool for strengthening national capacity on ageing for the implementation, review and appraisal of the Madrid Plan of Action.

2. Member States have taken a number of actions to enhance their capacities to achieve the objectives of the Madrid Plan of Action, including institutional strengthening and legislative action to create an enabling environment. The road map for the implementation of the Madrid Plan of Action (A/58/160, sect. III) of which the General Assembly took note in its resolution 58/134 of 22 December 2003 had identified national capacity-building and mainstreaming of ageing into national development agendas, as two essential facets of the implementation process. The present report, prepared in response to Assembly resolution 60/135, highlights various efforts undertaken at the national and international levels in relation to the capacity-building goals pertinent to the Madrid Plan of Action.

3. Apart from discussing some basic elements of the capacity-building process, the report addresses specific national actions needed to implement the Madrid Plan of Action and highlights international cooperation efforts in this regard. The conclusion presents recommendations for consideration by the General Assembly.

II. Capacity-building for implementation of the Madrid International Plan of Action on Ageing: conceptual framework

4. National capacity to implement policies and programmes on ageing is determined by a set of factors originating from various spheres of the policy environment and interacting at different stages of the policy process. Capacity-building is a multifaceted process geared towards strengthening the ability of people, institutions and societies to "perform functions, solve problems and set and achieve objectives".[2] Capacity-building is also a means of creating a political, socio-economic and legal environment conducive to social progress. Democracy, the rule of law, respect for all human rights, fundamental freedoms and good governance at all levels allow the citizenry, including older persons, to articulate their concerns and effectively claim their rights. Effective systems of management, appropriate organizational skills, and accountable institutions of government are essential for the conduct of the implementation and monitoring process.

5. The accurate assessment of a country's capacity for implementing the Madrid Plan of Action can present a challenge, as the existence of national policies and

[1] *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II.

[2] See Sakiko Fukuda-Parr, Carlos Lopes and Khalid Malik, eds., *Capacity for Development: New Solutions to Old Problems* (London and New York, Earthscan and United Nations Development Programme, 2002), p. 8.

plans on ageing by themselves are not always strong indicators of the ability of a country to actually carry out the initiatives and achieve the results envisioned in the Madrid Plan of Action. Nonetheless, a number of elements can be relied upon to help guide an assessment of national capacity on ageing, including: the ability of a country to set clear goals and develop a national plan of action on ageing that corresponds with the declaration and objectives agreed to in the Madrid Plan of Action; the political will of a country to implement ageing programmes, as seen, for example, in the creation of institutions dedicated to ageing issues; the extent to which a national Government actively engages in and promotes partnerships with other stakeholders, including the private sector, non-governmental organizations, families and associations of older persons; the degree to which a country invests in human resources — in personnel to implement and oversee policies and programmes on ageing as well as in the education and training of older persons themselves to help keep them vital and engaged; the efforts that a country makes to find and secure resources — both nationally and internationally — to carry out ageing programmes; and the commitment that a country makes to improving the quality of its research, data and analysis on ageing issues.

6. The essential elements of national capacity development that Governments have addressed or may wish to address in designing, implementing and monitoring their implementation strategies within the context of the Madrid Plan of Action are listed below. They have been selected in light of the recommendations of the Madrid Plan of Action and include: (a) institutional infrastructure; (b) human resources; (c) mobilization of financial resources; (d) research, data collection and analysis; and (e) a sound policy process, including the use of mainstreaming. All of the above elements of national capacity are complementary, and should be seen in a holistic manner.

7. The establishment of agencies and national committees on ageing is an essential first step in creating an *institutional infrastructure* for promoting follow-up to the Madrid Plan of Action. Cooperation and partnerships between government representatives and all major stakeholders are crucial for the success of their work. In addition, a specifically appointed focal point on ageing within the government, designated at the central, provincial and local levels, is particularly important in respect of providing the necessary political and administrative weight to the ageing agenda. Non-governmental organizations have an important role in supporting Governments in their assessment, implementation and follow-up efforts. Strengthening organizations representing older persons can increase the capacity of civil society organizations to support the policy process and work more effectively with other stakeholders.

8. *Human resource development* is the key element of any capacity-building effort. It encompasses investment in training for the acquisition of skills in crucial areas of expertise such as policy design, data collection and analysis, gerontology and geriatric health care. Universities and other education establishments could pay greater attention to these areas in the courses and programmes that they offer to their students. The educational and training activities may be complemented by volunteering done by older persons. Volunteering contributes to social capital and ensures that the abilities and skills of older persons are used effectively, thus enhancing national capacity.

9. *Mobilization of financial resources, including budget allocations* earmarked for programmes and policies related to older persons, is a clear expression of the political will to address ageing issues. Intergenerational equity in public spending and allocation of funds are necessary considerations. Properly assessing the effectiveness of ageing-related social spending, and placing it within the context of relevant national and international experience, can improve national capacity in this important area of policymaking.

10. The conceptualization and design of new policies are best achieved when based on empirical evidence that is reliable, representative and valid. Better *research and data collection* — addressing both quantitative and qualitative aspects — will provide the necessary information for new policy interventions. The participation of older persons in this process may enhance the potential for obtaining reliable data through censuses and surveys, as well as through qualitative, participatory methods of data collection. Achieving the capacity to collect, disaggregate and analyse age-specific data remains an acute challenge in many countries.

11. Enhancing and deepening research on all aspects of ageing, including the study of its economic and social consequences, are vital for building capacity for evidence-based policymaking. Increasing funding and developing human resources are crucial elements in strengthening research capacity. Countries that lack domestic resources in this area could seek partnerships with universities and research centres abroad, apply to international donors for project funding or increase training of domestic staff. The Research Agenda on Ageing for the 21st century could serve as a topical guide for policy-related research activities.[5]

12. *Mainstreaming*, as a policy tool, should integrate ageing issues systematically into current and future development agendas, including legal frameworks, work programmes and budgets. Mainstreaming may be seen as a strategy and a process as well as a multidimensional effort that should lead to better social integration of older persons and to the inclusion of ageing concerns into all aspects of social, political, economic and cultural life. Mainstreaming ageing and the concerns of older persons into national development frameworks and poverty eradication strategies is identified in the Madrid Plan of Action as a necessary first step in its successful implementation.

13. Systematic, independent and impartial monitoring of progress in implementation is essential. It can be conducted by the Government or by autonomous institutions, as recommended in the Madrid Plan of Action. The first five-year review and appraisal of the Madrid Plan of Action will commence in 2007 and will be conducted by and large through a participatory bottom-up approach that will be based on the opinions of older persons.[6] The adoption of a bottom-up participatory approach on a global scale for conducting the review and appraisal of a major international policy document like the Madrid Plan of Action is without precedent and represents a substantive challenge. Additional efforts may be needed to build or enhance pertinent elements of national implementation mechanisms, including strengthening research and data collection. To assist Governments in

[5] More details on the Research Agenda on Ageing for the 21st Century are available from http://www.un.org/esa/socdev/ageing/ageing-agenda.htm.

[6] See Commission for Social Development resolution 44/1 on the modalities for the first review and appraisal of the Madrid Plan of Action (*Official Records of the Economic and Social Council, 2006, Supplement No. 8* (E/2006/26), chap. I, sect. C).

organizing and conducting their review and appraisal exercises, the United Nations Secretariat has prepared the publication entitled *Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing: Bottom-up Participatory Approach*. More conventional approaches to collecting and analysing information will also be utilized. To support national efforts, a set of indicators has been developed and could be used during the review and appraisal process.[7]

III. National implementation actions

14. Since the Madrid Plan of Action is not a legally binding document, there is no mandatory procedure through which Member States would regularly inform the United Nations Secretariat about their implementation efforts. Thus, in the absence of comprehensive information about national implementation, a thorough assessment of national capacity on ageing is not possible at this point. It is hoped that this gap will be bridged during the review and appraisal exercise set to take place in 2007 and 2008. Based on the information available to the Secretariat, this report will give merely a snapshot of national capacity to implement the Madrid Plan of Action, highlighting both the achievements and the challenges faced by a cross section of Member States.

A. Institutional infrastructure

15. National capacity to implement the Madrid Plan of Action is closely tied to the institutional framework in place to ensure follow-up of policies and programmes on ageing. For example, countries that have designated agencies or ministries on ageing, and sufficient financial and human resources to carry out initiatives geared towards older persons, tend to demonstrate the greatest capacity to implement the Madrid Plan of Action. Several countries have fully established government offices on ageing at the ministerial or similar level, such as the Department of Health and Ageing (Australia); the Division of Ageing and Seniors of the Public Health Agency (Canada); the National Committee on Ageing (China); the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Germany); and the Administration on Ageing (United States of America).

16. In the face of competing demands and obligations and often insufficient human and financial resources, many countries have placed focal points on ageing within various ministries dealing with social issues. The success of government focal points rests on their capacity to work across a spectrum of various government offices and mainstream ageing issues into other relevant policy processes, as well as to collaborate with a variety of stakeholders. This requires that focal points enjoy political support at the highest level.

17. A number of countries have established independent advisory bodies, such as committees or commissions composed of academics, the private sector and non-governmental organizations, to address ageing issues and the concerns of older persons. These advisory bodies are typically charged with the task of assisting or advising Governments in developing and implementing policies and programmes.

[7] Indicators proposed are available from http://www.un.org/esa/socdev/ageing/documents/MIPAA_annex_ii_list.pdf.

and can serve as watchdogs for government policymaking, since top-down approaches often overlook the needs of older persons. Advisory bodies incorporate opinions and facilitate close and regular monitoring of policy implementation at the local or community level. Equally important, such bodies can evaluate and assess the impact of newly proposed policies and suggest possible changes.

18. Advisory bodies currently exist in a variety of countries such as Austria, Chile, Guatemala, India and Mexico. Austria, for example, has established an independent council of senior citizens with rights and responsibilities similar to those of a chamber of commerce, which has become a major contributor to discussions on national policy on ageing. Chile has created a National Service for Older Persons (SENAMA) which includes an advisory committee composed of representatives of older persons' organizations, academia and institutions working with older persons. Guatemala has a National Council for Protection of the Aged which consults with civil society and organizations of older persons in its policymaking. In India, a National Council of Older Persons was formed, with 25 per cent of its members drawn from the government and 75 per cent comprising, inter alia, academics and retired persons from both rural and urban communities. The Government accepts the Council as a watchdog agency designed to monitor policy on ageing. In Mexico, the National Institute of Older Persons (INAPAM) requires that senior citizens be included in advisory bodies concerned with relevant issues. A common feature of all of these advisory bodies is that they enjoy independence and can therefore play a key role in monitoring the implementation of the Madrid Plan of Action.

19. In the Latin American and Caribbean region, various countries or areas have initiated strategies involving non-governmental organizations in implementing the Madrid Plan of Action. The National Council of Older Persons (CONAPAM) in Costa Rica, for instance, is coordinating efforts with organizations of older persons to help them implement a communication and awareness-raising campaign for all ages. Similarly, Anguilla and Belize have embarked on producing a series of radio and TV programmes to draw attention to ageing issues. Other countries in the Caribbean, such as Guyana and Saint Kitts and Nevis, are promoting special days for intergenerational activities. Joint education campaigns are also being held throughout the region, addressing such issues as the ageing process, rights of older persons and elder abuse. Of particular interest is the campaign by the Latin American Association of Publicity Agencies (ALAP), in conjunction with the Inter-American Development Bank, to promote a new culture of ageing, stressing the value of older persons to society.

20. Several regional initiatives have promoted partnerships between the major stakeholders in the process of implementation of the Madrid Plan of Action. The Economic and Social Commission for Asia and the Pacific (ESCAP) has made an effort to improve the quality of consultations between government officials and civil society and has facilitated multi-stakeholder dialogues. To this end, ESCAP has made use of photo displays and video productions, involving the media, the private sector and highly visible individuals.

21. In the European Union (EU), evidence of a successful partnership between the government and civil society can be seen in the outcome of the spring summit 2006 held in Brussels. AGE — The European Older People's Platform, a group of 148 organizations representing 22 million older people in Europe, campaigned with other non-governmental organizations to bring the social dimension back into the

Lisbon Strategy. Their influence was notable, for instance, in the recommendations on employment of older persons mentioned in the Presidency Conclusions of the Brussels European Council (23 and 24 March 2006).

B. Human resources

22. Human resources needed to deal effectively with ageing issues range from health-care personnel who are properly trained to care for an ageing population, to actuarial and budgetary specialists who can ensure that pension and social security schemes are sufficiently funded, to community service providers who can make sure that the needs of older persons are met within their communities. The human potential of older persons themselves also needs to be nurtured and developed, as people can continue to make valuable contributions to their communities as they age.

23. The capacity of countries to meet the health-care needs of their ageing populations varies considerably depending to their level of economic development. The World Health Organization (WHO) warns that there is a critical shortage of health workers, including doctors, nurses and laboratory technicians, in developing countries. According to *The World Health Report 2006: Working Together for Health*,[6] at least 1.3 billion people around the world have no access to basic health care often owing to a deficit of health workers. Africa, for example, accounts for 11 per cent of the world population but has only 3 per cent of all health workers, despite the fact that it carries 25 per cent of the disease burden. WHO estimates that an additional 4 million health workers are needed to provide essential health care in the 57 countries facing the greatest shortages in health personnel. Compounding the problem is the "brain drain" of skilled health professionals from developing to developed countries: about 1 in 4 doctors trained in Africa is currently working in Organization for Economic Cooperation and Development (OECD) countries. The combination of these factors cause many developing countries to be poorly prepared to meet the challenges of the epidemiological transition from an acute to a chronic disease burden.

24. Many countries, however, are making a concerted effort to improve their capacity for meeting the human resources needs of an ageing society. In Chile, for example, the Government will train 570 health professionals for specialization in geriatrics. They will then serve in 103 doctors' offices across the country. A school will also be developed to provide health training to leaders of clubs and community unions of older persons.

25. Ukraine established in July 2005 a State Educational Geriatric Centre, thereby providing another example of human resources development. The Centre aims to develop and implement educational programmes for medical and social workers, as well as volunteers, in the field of care for older persons. Professionals and volunteers will be trained concurrently, so that they can share their diverse experiences in the care of older persons.

[6] Geneva, WHO, 2006.

C. Financial resources

26. The Madrid Plan of Action emphasized that in the national implementation process, programme innovation, mobilization of financial resources and the development of necessary human resources would be undertaken simultaneously (para. 116). In many developing countries, additional financial resources are required to support the inclusion of older persons in national development frameworks, poverty eradication strategies, and emergency relief operations. Fund allocations are also needed in developing countries and countries with economies in transition to provide microcredit and other forms of financial support for small-scale intergenerational enterprises that can help older persons become or remain self-sufficient.

27. Mobilization of financial resources for programmes and policies dealing with older persons, such as social security, pension plans and health care, is strongest in high-income countries. The concern of a growing number of high-income countries is not how to mobilize more resources, but how to control costs for pensions and health-care plans at a time when the active working population is shrinking in proportion to the number of retired persons.

28. The Directorate General for Economic and Financial Affairs of the European Commission organized a conference in March 2006 on the economic and budgetary impact of ageing, which brought together politicians, academics, national authorities, the European Commission and international organizations to discuss the impact of ageing on pensions and health-care systems in Europe. With the ageing of the population in Europe, combined with the tendency towards early retirement, much attention has been drawn to the costs of maintaining existing pension and health plans for older persons.

29. Although the lack of financial resources is typically cited as the main stumbling block to effective implementation of programmes to support older persons, the experiences of various countries have shown that the costs of social pension programmes are not as prohibitive as initially anticipated. In South Africa, for example, pensions reach 1.9 million older people at a cost of 1.4 per cent of gross domestic product (GDP). The investment has been worth the cost because the pensions have proved to be an effective way of targeting aid to the poorest people and their dependants, as the pension is estimated to have reduced the number of people living on less than $1 per day by 5 per cent (2.24 million people). Likewise in Brazil, pensions reach 5.3 million poor older people at a cost of 1 per cent of GDP. Having a pensioner in the family can reduce a household's probability of becoming poor by 21 per cent. Other countries have had similar experiences: the cost of implementing a large-scale social pension scheme was less than 2 per cent of GDP in Namibia; and administration costs were found to account for only 2-3 per cent of benefit payments in Botswana and Mauritius.[7]

30. Chile has taken direct action to improve the quality of services for older persons through the establishment of a National Fund for Older Adults. The Fund will make available $1.25 million to legally established organizations of older persons to enable them to carry out social and development programmes aimed at

[7] Information on pension programmes in Africa is available from the HelpAge International website (http://www.helpage.org (accessed March 2006).

assisting those over age 60. The Fund is intended to complement the newly created free health-care and social pension programme [8]

31. Furthermore, it is important not to overlook the benefits that pension plans can generate for the local economy, as recipients spend their pension money on needed goods and services, such as food, water, health care and education. Evidence shows that pensions can increase the share of the poorest 5 per cent of the population in national consumption, as pensions have been demonstrated to increase the income of this group by 100 per cent in Brazil and by 50 per cent in South Africa.[9] When perceived as an investment in the well-being of older persons, their families and communities, pensions may be said to represent a wise use of financial resources. Although much attention has been directed to the costs associated with an ageing population, it is important to keep in mind the economic, as well as the non-economic contributions that older persons make to the societies in which they live.

D. Research, data collection and analysis

32. There is a persistent call for more and better data to assist in planning, evaluation and monitoring of programmes and policies on ageing. That global poverty data are not disaggregated by age is a continuing shortcoming, making it difficult to accurately determine the pervasiveness of poverty among older persons. Moreover, the absence of such data forestalls efforts to evaluate progress in meeting the Millennium Development Goals, particularly with regard to halving extreme poverty and hunger among older persons. The ongoing difficulties in data-collection efforts, particularly in developing countries, remain an obstacle to gaining accurate and timely information about the status of older persons throughout the world. Nevertheless, countries in different regions are demonstrating a growing capacity to gain accurate and timely information on the ageing process as evidenced by the convening of scientific meetings and the publication of research studies.

33. In Africa, research on ageing remains very limited. It originates mostly from universities, in particular from the field of the medical sciences. The Government of South Africa in its report to the Second World Assembly on Ageing in 2002 acknowledged the dire need for research to be extended to encompass the social aspects of ageing and for government to develop a research programme that was relevant to national needs. Data disaggregated by age remain rare in African countries. The Asian region also has limited capacity in respect of research and data collection, although signs of progress are evident. In Thailand, for example, the Second National Long-term Plan for Older Persons (2002-2021) includes research strategies to support policy and programme development and to monitor and evaluate the National Plan.

34. The challenges and opportunities of ageing European societies have triggered considerable data collection, research and discussion on the issue, which have improved capacity to develop policies in this area. The European Centre for Social Welfare Policy and Research, a United Nations-affiliated intergovernmental organization, collaborates with the Austrian Government and the Economic

[8] "Bachelet encabezó llamado a postulacion de fondo para adultos mayores", *El Mostrador*, Chile, 17 de abril, 2006, available from Global Action on Ageing newsletter, April 17-21, 2006.

[9] Information on pension programmes in Africa was derived from the HelpAge International website (March 2006).

Commission for Europe (ECE) secretariat in scientifically and technically assisting governments in monitoring the regional implementation strategy for the Madrid Plan of Action. The European Research Area in Ageing (ERA-AGE), a four-year project funded by the European Commission, aims to promote the development of a European strategy for research on ageing. The Design for Ageing Network was established in 1994 in the Netherlands to act as a Europe-wide forum for exchange of information, ideas and expertise related to ageing, and as a springboard for new collaborations at local, national and international levels.

35. In the Latin American region, a number of countries have built up their capacity to conduct research and analysis on ageing issues. In Argentina, for example, the Programme of Ageing and Society of the Latin American Faculty of Social Sciences (FLACSO-Argentina) has begun studying the issue of the ageing workforce, and the Group of Socio-Anthropology of Older Persons and Community Planning of Ageing at the University of Mar del Plata has carried out extensive research on social support networks for older persons. The Centre of Psychogerontology in Colombia has studied ageing from a variety of perspectives and has published a number of books and articles; and in Venezuela, the Unit on Research in Gerontology of the National Experimental University Francisco de Miranda has initiated research on support networks and social policies geared to older persons.

36. The Caribbean subregion recently convened its first Symposium on Ageing in Trinidad and Tobago, with a view to strengthening regional capacities in implementing the Madrid Plan of Action. The symposium was a joint exercise of the Government, the Pan American Health Organization (PAHO), the University of the West Indies and the Economic Commission for Latin America and the Caribbean (ECLAC). The Jamaica campus of the University of the West Indies has established a Centre for Gerontology, and the University of Suriname has undertaken research on the impact of physical activities on the well-being of older persons.

37. Australia has demonstrated a considerable commitment to promoting research and data collection on population ageing. The Department of Health and Ageing has funded or developed scores of research projects, grants and publications on ageing issues, as well as a large number of statistics, geared towards guiding future policy directions in this area.[10] The National Health and Medical Research Council also provides funding to support medical research and training on health issues for people of all ages throughout Australia.

38. In the United States of America, research and analysis on ageing issues are carried out by a wide range of entities, including the government, academia, foundations and non-profit organizations. One such public policy research institute is the National Academy on an Aging Society[11] which conducts research on public policy issues associated with population ageing with the aim of enhancing the quality of debates about the challenges and opportunities inherent in an ageing society. It also serves as the policy arm of the Gerontological Society of America, a professional organization that provides researchers, educators, practitioners and policymakers with the opportunity to integrate basic and applied research on ageing and to use it to improve people's quality of life as they age. There is also a White

[10] http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/Research%20&%20Statistics-1

[11] http://www.agingsociety.org/agingsociety/about/index.html.

House Conference on Aging, last held in 2005, which is convened every 10 years to develop recommendations for the United States Government on issues, policy and research in the field of ageing.

E. Policy development

39. Countries are designing and implementing policies and programmes within a broad framework provided by the Madrid Plan of Action. Many countries have adopted comprehensive national strategies on ageing, including concomitant legislation. Some of these strategies, however, have not necessarily emerged in follow-up to the Madrid Plan of Action but rather reflect long-term efforts to address national priorities in population and individual ageing.

40. Actions on poverty eradication and income security feature most prominently in national implementation actions. The provision of income support to older persons is a fundamental policy requirement. Yet, according to estimates of the International Labour Organization (ILO), only 20 per cent of the world's population has adequate social protection coverage, with the situation even more dire in sub-Saharan Africa, where coverage for old age income protection extends to just 10 per cent of the labour force. Without coverage under contributory old age pensions, a large proportion of the older population in lower-income countries are vulnerable to poverty.

41. Not surprisingly, the highest-income countries — which also happen to be those with the greatest share of their populations over age 60 — are far more likely than lower-income countries to provide their citizens with social protection coverage. Among the 25 EU countries, for example, 21 per cent of their populations are over age 60; in 2001, expenditures on social protection constituted on average 27.3 per cent of each country's GDP. Not only do the countries of EU have the financial capacity to provide social protection coverage, but with 1 of 5 persons over age 60, they also have a large constituency of older persons who regularly exercise their democratic right to ensure that the needs and concerns of older persons are met.

42. By comparison, most countries in sub-Saharan Africa are struggling to acquire both the financial resources and the political will to implement social protection policies. A recent analysis by the United Nations Development Programme (UNDP) indicates that the cost of providing a universal non-contributory social pension to all older persons in the region would be between 2 and 3 per cent of GDP, an amount rivalling public spending on education and health care in some countries.[9] Given that only 5 per cent of the population in the region is aged 60 years or over, compared with 41 per cent who are under age 15, the relatively low priority given to policies for older persons becomes evident. Their minority status, in terms of numbers, is compounded by the fact that these older persons are less likely to be empowered to draw attention to their concerns. Moreover, since the majority of countries in sub-Saharan Africa are classified as "low-income", the lack of financial resources to establish social pension schemes is an overriding consideration. This

[9] Nanak Kakwani and Kalanidhi Subbarao, "Ageing and poverty in Africa and the role of social pensions", *International Poverty Centre Working Paper*, No. 8 (Brasilia, Brazil, UNDP and International Poverty Centre, August 2005).

could help explain why only four countries in sub-Saharan Africa, namely, Botswana, Mauritius, Namibia and South Africa (three of which are categorized as upper middle-income countries), are known to have universal pension schemes. Nonetheless, the Economic Commission for Africa (ECA) has called for social protection strategies to be developed by the African Union New Partnership for Africa's Development (NEPAD) programme by 2007.[13] Alternatively, some Governments have instituted cash payment programmes targeted to a small number of poor older persons.

43. The development of income support programmes for older persons remains crucial in policy interventions, especially given that 4 of 5 older people living in developing countries have no regular income and approximately 100 million live on less than $1 per day. As a result, a regular non-contributory cash payment in the form of a social pension can be extremely beneficial to older persons, providing them with income to meet their basic daily needs. In recent years, a number of Governments and international agencies have developed an interest in universal non-contributory pensions as an essential part of national social protection programmes.

44. An example of a limited cash programme can be found in Indonesia, where in May 2006, the Government started to provide cash assistance to some 2,500 elderly persons classified as "neglected" in six provinces, including Jakarta. To qualify, people must be over age 60 and poor. If the programme is deemed a success, the Government will extend it to other areas of the country. Although this is an important step, it represents a very small intervention in terms of tackling the problem, as the 2004 census estimates that there are 16 million older persons in the country, of whom 2 million are considered to be neglected and about 4 million vulnerable to neglect.[14]

45. Other approaches to providing income support for older persons include government-sponsored savings plans, intended to encourage people to save for retirement. The Finance Minister of India, for example, announced the introduction of a pension-linked saving scheme in February 2006, in which an individual can save up to 100,000 rupees per year with a rebate in personal taxation.[15]

46. Other countries, particularly those in Eastern Europe and Western Asia, face the dual challenge of supporting a rapidly ageing population and having limited financial resources to meet their needs. Policies directed at older persons have garnered attention in part because the changing demographics demand it, but perhaps more importantly because older persons in these countries tend to be more politically and socially active than members of other age groups. In Kazakhstan, for instance, older persons constitute an active electorate, with 72 per cent of those over age 65 voting in recent elections, compared with just over 50 per cent of those aged 35-40.[16] With a general legislative base in place, including laws on pensions, and

[13] "Social protection for vulnerable older people", available from the HelpAge International website (http://www.helpage.org/Researchandpolicy/Socialprotection/Background), accessed 6 March 2006.

[14] "Cash assistance planned for needy elderly, disabled", *The Jakarta Post*, 15 March 2006.

[15] Muneer Alam, *Ageing in India: Socio-Economic and Health Dimensions*, Institute of Economic Growth, Studies in Economic Development and Planning, No. 66 (Delhi, Academic Foundation, 2006).

[16] "The great generation of Kazakhstan: insight into the future", National Human Development Report for 2005 (Almaty, United Nations Population Fund and United Nations Development Programme, 2005).

social help, an essential foundation for additional work in the area of ageing policy has been created.

47. Aside from developing specific policies on ageing, countries are also placing greater emphasis on mainstreaming ageing issues. Although some progress has been made in mainstreaming policies on ageing into national development frameworks, great challenges remain, particularly with regard to incorporating ageing issues into poverty reduction strategies. Part of the problem stems from the inattention given to ageing issues in the United Nations Millennium Declaration,[17] the Millennium Development Goals and the 2005 World Summit Outcome.[18] These oversights are then carried down to the national level, where older persons are frequently left out of the Poverty Reduction Strategy Papers consultation process and ageing issues oftentimes are not adequately addressed in national development plans. Nevertheless, some countries have successfully included ageing in their national poverty reduction strategies. For instance, the United Republic of Tanzania recently incorporated several cross-cutting issues pertaining to older persons and ageing in its National Strategy for Growth and Reduction of Poverty, which covers the period 2005-2010. Specifically, the strategy aims to explore options for more effective control of malaria through prompt treatment of older persons and to eliminate all forms of barriers to health care for older persons. Lesotho, one of the least developed countries, placed the financing and administration of its universal social pension plan within the remit of its National Vision and Poverty Reduction strategy programme. Several countries with economies in transition, such as Azerbaijan and Bosnia and Herzegovina, have also specifically targets older persons in their Poverty Reduction Strategy Papers.

IV. International cooperation to implement the Madrid International Plan of Action on Ageing at the national level

48. The Madrid Plan of Action emphasized the need for enhanced and focused international cooperation for its implementation and underlined the importance of the support provided by the international community and international development agencies to organizations that promoted training and capacity-building on ageing in developing countries. In its resolution 44/1, the Commission for Social Development requested the Secretariat "to work with the organizations, organs and bodies of the United Nations system and other interested parties to coordinate efforts in identifying support that could be provided to Governments, upon their request, in undertaking participatory review and appraisal of the implementation of the Madrid Plan of Action".[19] The review and appraisal framework envisages a major role for the regional commissions in convening regional review and appraisal activities and the Commission encouraged interested Governments to offer assistance in convening regional review and appraisal events during 2006-2007.

49. The Division for Social Policy and Development of the Department of Economic and Social Affairs of the United Nations Secretariat began work on a technical assistance initiative in 2003 to support Member States in implementing the

[17] See General Assembly resolution 55/2.

[18] See General Assembly resolution 60/1.

[19] See *Official Records of the Economic and Social Council, 2006, Supplement No. 6* (E/2006/26), chap. I, sect. C, resolution 44/1, para. 10.

Madrid Plan of Action. Funding from the Development Account has been made available to expand the Division's work under a "Capacity-building project to integrate older persons in development goals and frameworks through the implementation of the Madrid International Plan of Action on Ageing". The overall approach of the project is to promote the integration of an ageing perspective into national development frameworks.

50. Several regional commissions have provided technical support for national implementation of the Madrid Plan of Action. For instance, the Economic Commission for Latin America and the Caribbean (ECLAC) and the Economic and Social Commission for Asia and the Pacific (ESCAP) have provided assistance for the developing of national implementation strategies. The current focus of the regional commissions is moving towards building the capacity of Member States in respect of conducting the bottom-up review and appraisal of the Madrid Plan of Action. However, the financial and human resources needed to undertake this work are limited and demand far outstrips available resources. The Economic Commission for Europe (ECE) supports Member States in their efforts to implement the ECE Regional Implementation Strategy. However, owing to lack of resources, direct technical support to Member States for building their capacity on ageing is not available. In the absence of resources, the Economic and Social Commission for Western Asia (ESCWA) and the Economic Commission for Africa (ECA) are unable to offer support for capacity-building in their Member States.

51. Given the persistent deficit or even complete absence of resources for technical cooperation on ageing in the regional commissions, the Department of Economic and Social Affairs of the United Nations Secretariat has drafted a funding proposal to offer training at the regional and subregional levels to assist national focal points on ageing in organizing national review and appraisals, and to provide resources for regional review and appraisal conferences where findings of national appraisals could be shared. Donor funding is currently being sought to help, in particular, those regional commissions with no budget to support national review and appraisal activities.

52. In an effort to build capacity on data collection, the United Nations Statistics Division is active in a number of country-level initiatives to improve data collection and analysis. These capacity-building efforts should contribute to the availability of better and more comprehensive data, particularly those that are disaggregated by sex and age. Another sign of progress is that population data will be available for five-year cohorts up to 100 years of age and will also include a new category of 100+ years, in recognition of the increasing longevity of persons throughout the world.

53. The United Nations Population Fund (UNFPA) is actively involved in the formulation of national plans and programmes on ageing, such as the National Plan on Active Ageing in Benin, the National Policy on Older Persons in Guatemala, the National Policy for Older Persons in the Lao People's Democratic Republic, and the National Programme of Action on Ageing in Viet Nam. In Uganda, UNFPA worked closely with the Government to formulate and promulgate a population policy that includes a section on older persons. UNFPA also took part in a policy workshop in 2006 on the implementation of the Madrid Plan of Action organized by the Parliament of Ukraine and the United Nations programme on ageing.

54. UNFPA supports projects aimed at strengthening government capacity to formulate and implement evidence-based strategic plans and policies on ageing. In

Benin, the Fund supported the development of a database of census information on older persons and a special census volume on older persons. In China, UNFPA is working with the China National Committee on Ageing and the non-governmental organization HelpAge International to implement a project aimed at formulating policy with special emphasis on active and healthy ageing. UNFPA also provides support for a participatory review and appraisal of the implementation of the existing Chinese Law on Protection of the Rights and Interests of the Elderly which is scheduled to be revised in 2007.

55. In Malaysia, UNFPA helps to review existing legal provisions in order to make recommendations aimed at encouraging increased employment of older persons. In Thailand, UNFPA commissioned a study to examine how HIV/AIDS impacts on the economic, social, health and emotional status of older persons and supports a project on HIV/AIDS and older persons that seeks to induce the National AIDS Prevention and Control Body to include the needs and concerns of older people affected by HIV/AIDS. A study was also undertaken to identify emerging issues arising out of population ageing in Thailand and to review the national polices, plans and services for older people and their implementation.

56. UNFPA also funded the collection of data on the health care of older women in Uganda and provided substantial support to the Uganda 2002 population and housing census which included information on the socio-economic situation of older persons. In Ukraine, UNFPA conducted a situational analysis entitled "Population Ageing in Ukraine: some demographic, socio-economic and medicare issues", which provided recommendations for effective policies to respond to the challenges of population ageing. In Viet Nam, UNFPA works to enhance knowledge of population ageing issues and policy responses among policymakers and government leaders and to strengthen the policy framework relating to care and interventions.

57. Training is one of the major priorities in UNFPA support for developing national capacity on ageing. At the global level, UNFPA is working with the International Institute on Ageing in Malta to create a training programme for senior government officials designed to strengthen their capacity to formulate, implement, monitor and evaluate policies and programmes on ageing. UNFPA also sponsored a number of government officials and UNFPA staff in order that they might attend training courses in population ageing at the Institute. In Guatemala, UNFPA supported the training of those who care for older persons and the creation of day-care centres for older persons. Working with the Uganda Reach the Aged Association and the African Regional Development Centre of HelpAge International, UNFPA funded the training of policymakers and UNFPA staff in the area of population ageing.

58. Through its initiative that comprises a series of Country Reviews of Employment Policy (CREP), the International Labour Organization (ILO) analyses the country situation, including issues related to ageing, and provides recommendations to individual Member States on how to strengthen their national employment and labour-market policies. For example, the Country Review for Albania contains recommendations concerning older workers that are oriented towards preventing age discrimination, increasing the retirement age, aiding the employability of older persons, and making continued employment attractive for older persons.

59. The work of the Food and Agriculture Organization of the United Nations (FAO) concentrates on empowering older rural persons by promoting their integration and participation in rural development and food security strategies. FAO has undertaken a number of country studies, most recently in Bolivia and Thailand, to improve understanding of rural ageing. The findings of these studies are presented in a series of technical papers. These materials reinforce the capacity of agricultural policymakers to anticipate the effects of rural ageing and put in place the appropriate measures to maximize the opportunities of older rural persons. Most recently, FAO has moved to explore the impact of HIV/AIDS on the older rural persons in sub-Saharan Africa in order to strengthen the capacity of ministries of agriculture to respond to the needs of older persons in HIV/AIDS-affected rural areas. In addition to promoting the well-being of older persons, the technical assistance that FAO provides to Member States promotes policy interventions and legislation that support older persons as contributors to agricultural development.

60. WHO has designed three capacity-building initiatives to strengthen the primary health-care sector as well as the community capacity to deal with ageing issues. The first initiative aims to produce a toolkit with which to make primary health-care services more accessible and responsive to older peoples by sensitizing and educating providers about the specific needs of older persons. Australia, Brazil, Canada, Costa Rica, Jamaica, Singapore and Spain participate in this initiative.

61. The second initiative is aimed at producing an "age-friendly cities guideline" for the provision of a framework for policies, services and structures related to the physical and social environment that will support and enable older persons to age actively and participate fully in society. The project design aims for the attainment of broad community participation, including participatory research, with older persons acting as project monitors. Fieldwork will be undertaken in Argentina, Australia, Brazil, Canada, Chile, China, Costa Rica, Ireland, Jamaica, Japan, Lebanon, Spain, Switzerland, Turkey, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

62. The third initiative will produce a knowledge base to assist policymakers in formulating integrated health and social policies focused on the primary health care system and encompassing the community and family care. Countries from Africa, Asia, the Caribbean, Latin America and the Middle East are participating in the project and are paired in a South-to-South exchange of experience and learning. WHO is also working on a number of publications, reports and initiatives aimed at providing information with which to build the capacity of medical personnel and policymakers.

63. The non-governmental organization HelpAge International has been working with Governments to mainstream ageing issues into development strategies. For example, the United Republic of Tanzania office of HelpAge International was instrumental in having older persons included in specific targets in the country's recently revised strategy for growth and reduction of poverty. In Uganda, older persons now feature in national plans on poverty, agriculture and health owing to a cross-ministerial working group facilitated by Uganda Reach the Aged Association, one of the partners of HelpAge International. HelpAge has also been working closely with several Governments, namely those of Albania, Kyrgyzstan, Montenegro, Mozambique and Serbia, on developing national plans of action on ageing.

64. In addition, HelpAge International works in specific thematic areas at the national level to ensure that older persons are included in national policies and programmes. Much of this work involves building the capacity of civil society organizations at the national level to take forward issues of ageing. For instance, partner organizations in Asia are working with older people's associations in Cambodia, Thailand and Viet Nam on issues of support to older carers of victims of HIV/AIDS and AIDS orphans. In addition to supporting older persons in emergency and conflict situations — for example, in Darfur, the Sudan, in drought-stricken Ethiopia, in earthquake-affected Pakistan and in the Indian Ocean region following the Asian tsunami — HelpAge International works with various agencies to ensure that older persons are included in general relief programmes.

65. Another non-governmental organization, the International Association of Gerontology and Geriatrics, organizes regular global, regional and national meetings of scientists and practitioners to discuss the most recent research findings and their implications for science and society. Together with the United Nations programme on ageing, the Association conducted a series of regional workshops that helped to identify priorities for research to support the implementation of the Madrid Plan of Action in different world regions. The International Research Centre for Healthy Ageing and Longevity, A private sector initiative, was established in 2004 in Sydney, Australia. The Centre's mission is to promote healthy ageing and longevity through interdisciplinary collaboration among the world's leading experts and to disseminate evidence-based knowledge among the nations of the developed and the developing world.

66. Within the United Nations system, a major proportion of current assistance to ageing seems to have focused on the funding of specific, if not discrete, ageing-related activities rather than on an overall and integrated strategy for mainstreaming ageing as called for in the Madrid Plan of Action. In consequence, existing success stories and good practices of mainstreaming ageing into national development frameworks often represent the outcomes of efforts by the non-governmental rather than by the United Nations development community.

67. Nevertheless, there is evidence of recent developments in the international assistance area that may promote a more holistic framework within which to integrate ageing and national development. For instance, the donor and international development community has begun to shift its funding approach from group- to theme-based targeting. This approach has the potential to maximize the use of resources by consolidating the issues of excluded groups and their needs within one framework thus facilitating the reciprocal impact of policies and programmes. EU and some bilateral development agencies have reorganized their policies along these lines, placing particular emphasis on issues of social cohesion and inclusion. Also against this background, the Department of Economic and Social Affairs has partnered with the Department for International Development (United Kingdom) and the United Nations Development Programme (UNDP) to explore some of the issues underlying the transformation of the theoretical framework of social exclusion into the basis for an action-based strategy for social inclusion. Such an approach could place ageing issues within the development context and constitute a more effective platform for the provision of the international assistance needed to resolve social exclusion of different social groups.

V. Conclusion

68. This report illustrates progress in building or strengthening national capacity on ageing and provides several examples of international assistance to support countries in their efforts to implement the Madrid Plan of Action. The report also demonstrates that issues related to ageing and older persons remain relatively low on the list of items in both national and international development agendas, as evidenced by the insufficient political attention and inadequate financial support geared towards building national capacity for implementing the Madrid Plan of Action. As a result, the lack of awareness of many Member States regarding the Madrid Plan of Action and its recommendations and their consequent failure to raise the issue of ageing as one requiring international assistance further contribute to the low profile of ageing issues.

69. In order to achieve the broad objectives of incorporating the challenges and opportunities of population ageing and the concerns of older persons into the policies, programmes and projects of Governments, as well as intergovernmental and non-governmental organizations, several strategic measures are needed. It is therefore recommended that:

- **Greater attention be paid to building capacity to reduce poverty among older persons, particularly older women, by mainstreaming ageing issues into poverty reduction strategies and national development frameworks, and by encouraging greater consultation with older persons in the course of developing, implementing and monitoring poverty reduction plans**
- **Ageing-related policies be conducted through inclusive consultations that involve government ministries and parliaments as well as other stakeholders and social partners, in the interest of creating national policy ownership and consensus-building**
- **Governments and organizations forge stronger partnerships with civil society groups, including organizations of older persons, academia, research foundations, community-based organizations and the private sector, in an effort to help build capacity on ageing issues**
- **Governments designate specific institutions, such as agencies, ministries, national committees or advisory councils, to be primarily responsible for handling follow-up of national plans of action on ageing. At the beginning of the first cycle of the review and appraisal of the Madrid Plan of Action, the General Assembly may wish to encourage Governments to promote a bottom-up participatory approach throughout the entire implementation process**
- **Governments, intergovernmental organizations and non-governmental organizations demonstrate commitment and provide additional funding to research and data-collection initiatives on ageing in order to better understand the challenges and opportunities presented by population ageing and provide policymakers with more accurate and more specific information on gender and ageing.**